Name: Beckwith Hillside Adult Day Care

Compliance Manger Signature

Address: 2373 Beckwith St. Honolulu, HI 96822 Community Ties of America, Inc 500 Ala Moana Blvd, Suite 7-400 Honolulu, HI 96813

Compliance Mgr. Name:

David Ayling, RN

## Adult Day Care Center (ADCC) Deficiency Report

Deficiency Report			
Date of F	Review: 7/26/2019	Date Corrective Action Plan is Due:	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ок	11	Administration	
ок	12	Personnel and Staffing	
ок	13	Admissions	
ок	14	Participant Fees	
ок	15	Transportation	
ок	16	Services for Center Participants	
ок	17	Physical Location	
ок	18	Fire Protection	
ок		Other Disasters and Evacuations	
The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.			
If this box is checked then I understand that I met all requirements and no corrective action is required  PRINT NAME:  The standard of the st			
SIGNATURE: 100			

Date:

Date: